

**Asbestos and Lead Regulatory Program**  
**LEAD ABATEMENT PROJECT PERMIT APPLICATION**

Name and address of Abatement Entity: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax \_\_\_\_\_

Lead Abatement Entity Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Origin of Project (eg VHCB, Owner, etc): \_\_\_\_\_

Lead Abatement Project Designer: \_\_\_\_\_ Lic. Number: \_\_\_\_\_

Or Nationally Recognized Standardizes Specification \_\_\_\_\_

Building Owners Name and Address: \_\_\_\_\_

Name and Address of Abatement Project: \_\_\_\_\_

Total Number of Units to be Abated (include specific unit number): \_\_\_\_\_

Common Areas to be Abated: Yes or No Exterior Areas to be Abated: Yes or No

Project Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Exterior Project Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Abatement Activities to be Performed (circle or describe as appropriate):

Component Removal      Paint Stripping      Encapsulation      Enclosure

Alternate Procedures Approval Requested (if any please describe and/or attach):

Interim Controls to be performed (describe):

Renovation Activities to be performed (describe):

Name and license number of the on-site Supervisor:

Name of Consultant/Consultant Company to perform clearance:

Name and Address of final waste disposal company:

A complete list of exact locations, types and scope of activities must be attached to this application. Floor plans and/or specifications must be included.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Prepared By: (Name and Signature)